



ALI MOHAMMAD ALI YOUSUF ZAHEDI,784-2012-7197684-3 ⓘ  
Effective from : 01-Mar-2025to 28-Feb-2026  
at Qatar Insurance Company  
Required Treatment is Dental  
Reference No: R-000000315349276  
Request Date: 25-Jul-2025 17:01:40



Eligible



Premium Network [Applicable Tariff:  
Comprehensive Network]

Copayment : 10%

- > Referral required **No referral required for specialist consultation**
- > Work Injury : Covered > Road and Traffic Accident: Covered

Approval Requirements

Approval required for all treatment related to:  
Acute Drugs, Chronic Drugs, Endodontics Treatment, Periodontics Treatment, Preventive Treatment, Routine Dental

Attachments



Pre-Auth protocols



Overseas Pre-Auth protocols



Consultation / Claim Form



Prescription Form

☒ Ask for Authorization